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Substitute for Form PTO-875 Application of Oockey Number Substitute for Form PTO-875											ొన్ని ?	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR.		R THAN ENTITY	,
FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE	1	RATE	FEE	1		
	SIC FEE CFR 1.16(a))							s	OR	100.12	3	1
	TAL CLAIMS CFR 1.18(c))	21	minus 20				x s_ =		OR	x s/8 .	10	1
INDEPENDENT CLAIMS (37 CFR 1.16(b))		6	minus 3				x \$.		OR	× 280 .	240.	,
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5 .		OR	+5	~ / 0,	
" If the difference in column 1 is less than zero, enter "O" in column 2.						•	TOTAL		OR	TOTAL		1
CLAIMS AS AMENDED - PART II												
14 a > 4												
	-2-0-1	(Column 1) CLAIMS	T	(Cotumn 2)	(Cotumn 3)	ı	SMALL E	NTITY	ı		ENTITY	5
NT A	1	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	COPY
AMENDMENT	Total *	18	Minus	21		1	x \$ =	FEE	OR	x s =	FEE	
EZ	Independent • (27 CFR 1,16(b))	(6	Minus	<u></u> 6			x s_ •		OR	x \$ =		
₹	FIRST PRESENTAT	ON OF MULTIPL	E DEPENDEN	T CLAIM (37 CF	TR 1 16/40)	ľ						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))							TOTAL		OR	+s=		-
1	1-14-05				•		ADD'L FEE		OR	ADD'L FEE	<u> </u>	3
1-14-05 (Cotumn 1) (Cotumn 2) (Cotumn 3) CLAIMS HIGHEST												
NT B	1	REMAINING AFTER MENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	EST AVAILABLE
ME	Total (37 CFR 1.15(cl)	18	Minus '	· (a)			x s =	FEE	OR	x \$ =	FEE	လ
AMENDMENT	Independent (37 CFR 1,16(b))	6	Minus '	··· 6	•		x \$=		OR	x s =		8
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5 =		OR	+5 =		1
						1	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER MENDMENT	1	HIGHEST NUMBER PREVIOUSLY- PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		Minus *				X \$ =		OR	x \$ _ =		1 ,
JEN	Independent (37 CFR 1.16(x))		Minus *		ж		x \$=		OR	x s=	-	1
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ s=		1
TOTAL TOTAL ADD'L FEE OR ADD'L FEE											1	
	If the entry in colu	nn 1 is less tha	n the entry is	n column 2, writ	o "O" in column :	3.	•					1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.